



Attn: TPA Registration Team
 Arizona Department of Insurance

Phone: (602) 364-3450
 Email: TPAinformation@azinsurance.gov

Form E-100-B: Life and Health Administrator Biographical List

Complete Form E-100-B to report the name and title of each individual counted in Form E-100, Item 13, Section E.

SECTION A: Applicant Identity		Department of Insurance Use:
Applicant Name:		
SECTION B: Biographical Affidavit List - Type Name, type Title, and check <i>either</i> Add/New, Retain, Remove		
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove

<https://azinsurance.online/upload/tpa>